PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

29505 | JSC0005

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			17					RATE	FEE		RATE	FEE
FOR NUMBER FILED				NUMBE	ER EXTRA	В	ASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS 17 minus 20=					*	φ		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS 2 minus 3 =					*	Þ		X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=	- ***	OR	+280=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	Ļ	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PAR' (Column 1) (Colum					mn 2)	(Column 3)		SMALL E	ENTITY	OR	OTHER SMALL I	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	-	=		X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	I CLAIM			+140=		OR	+280=	
							L	TOTAL		OR	TOTAL	
		(Column 1)		(Colu	mn 2)	(Column 3)	ΑŪ	ODIT. FEE	A		ADDIT. FEE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT	1	HIGI NUM PREV	HEST MBER NOUSLY OFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MQ.	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***		=		X42=		OR	X84=	
ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		1	+140=		OR	+280=	
							A	TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Colum						(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER NOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=-	 	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEP				IT CLAIM		1 -			1	.000	
	If the entry in colu	ımn 1 is less than	the entry in col	umn 2. wri	ite "0" in co	olumn 3.	L	+140=		OR	+280= TOTAL	<u> </u>
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	ADDIT. FEE	
	The "Highest Nur	mher Previously P	aid For" (Total	or Indeper	dent) is th	e highest numbe	er foun	d in the ap	propriate bo	x in co	olumn 1.	